Student Exposure to Integumentary Care/Wound Management During Clinical Experiences: Acute Care is Where It’s At

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Purpose/Hypothesis: Integumentary care/wound management makes up a relatively small but important part of physical therapist practice. Transitioning to doctoral level education in 2008 provided opportunity for the Texas State University program to increase the overall number of integumentary hours so more recommended content could be covered. Despite improved content coverage during didactic preparation, inclusion of learned integumentary knowledge and skill during off-site clinical experiences cannot be guaranteed. The primary purposes of our study were to determine 1) in which practice setting (e.g., acute care, general outpatient, rehab, pediatrics) our students were receiving the most opportunity for integumentary experience, 2) what specific integumentary evaluation techniques and interventions were being performed, 3) if students felt comfortable delivering these skilled services, and 4) whether our students perceived themselves as meeting their clinical instructor’s performance expectations.

Number of Subjects: 36

Materials/Methods: A two-part survey was administered to a convenience sample of third year Doctor of Physical Therapy (DPT) students after full-time clinical experiences were completed. Part I of the survey identified whether the student performed any integumentary care/wound management techniques at any point during their four clinical experiences. If the student was involved in integumentary care, they completed part II of the survey which consisted of questions specific to each clinical experience in which they participated.

Results: Inpatient settings were the most commonly reported areas where students were exposed to integumentary care/wound management opportunities, with acute care representing 43% of the total inpatient reports. The most common examination techniques performed were wound measurements (22%), capillary refill (20%), and palpation of pulses (18%). The most common interventions reported were wound debridement (27%), compression (19%), wound irrigation (13%), and bandaging (11%). The majority of students (66%) felt “comfortable” or “very comfortable” delivering wound care services. In addition, the majority (97%) perceived that they met or exceeded clinical instructor expectations.

Conclusions: Results from this study present the possibility that the majority of
Integumentary care/wound management clinical experience opportunities are occurring in acute care settings. Education programs need to strongly consider APTA integumentary content recommendations when updating/revising entry-level curricula so that students are prepared for clinical practice expectations.

**Clinical Relevance:** Clinical instructors in acute care need to be aware of entry-level integumentary requirements and recommendations so they can set appropriate knowledge and skill expectations during clinical experiences. Additionally, if the majority of student integumentary clinical opportunities are occurring in acute settings, education programs will need to ensure that acute care experiences are available for their students.